

## B

# MULTIPLE DEFENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.  
**107071040**

FILING DATE

APPLICANT(S)

CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEF.	IND.	DEF.	IND.	DEF.	
1						51
2						52
3						53
4						54
5						55
6						56
7						57
8						58
9						59
10						60
11						61
12						62
13						63
14						64
15						65
16						66
17						67
18						68
19						69
20						70
21						71
22						72
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29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						
46						
47						
48						
49						
50						
TOTAL IND.	4	3				TOTAL IND.
TOTAL DEF.	24	24				TOTAL DEF.
TOTAL CLAIMS	28	27				TOTAL CLAIMS